

1)  
OWNER'S NAME . PHONE NO.  
MAIL ADDRESS  
CITY STATE ZIP  
2)  
ROOFING CONTRACTOR PHONE NO.  
STREET ADDRESS  
CITY STATE ZIP  
STATE # \_\_\_\_\_  
CC# \_\_\_\_\_  
3)  
ARCHITECT PHONE NO.  
4)  
ENGINEER PHONE NO.  
5)  
LOT BLOCK SUBDIVISION (legal description)  
6)  
FOLIO NO. (required)  
7)  
STREET ADDRESS-JOB SITE  
8)  
PRESENT USE

BUILDING PERMIT NO. (if any) \_\_\_\_\_  
I HEREBY MAKE APPLICATION FOR A PERMIT TO:  
ADD(new roof)\_\_\_\_\_ REMOVE & REPLACE\_\_\_\_\_ REPAIR\_\_\_\_\_  
THE FOLLOWING TYPE STRUCTURE: Res\_\_\_\_\_ Comm\_\_\_\_\_ Ind\_\_\_\_\_  
Application is hereby made to obtain a permit to do the work and installation as hereon indicated. I certify that no work or installation has been effected prior to the issuance of the permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Hallandale Beach.  
**ALL WORK MUST COMPLY WITH THE FLORIDA BUILDING CODE 2001.**  
PRINT NAME OF QUALIFIER  
Signature of Qualifier \_\_\_\_\_ Date \_\_\_\_\_  
STATE OF FLORIDA  
COUNTY OF BROWARD  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(name of person acknowledging).  
**NOTARY STAMP HERE**  
NOTARY \_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_ Driver's License \_\_\_\_\_

**SHADED AREA FOR OFFICE USE ONLY**  
CONDITIONS UNDER WHICH APPROVED: \_\_\_\_\_

	DATE	APP	TIME
STRUCTURAL	SIGNATURE		
MECHANICAL			
APPLICATION APPROVAL			

This application does not become a valid permit until signed by an authorized representative of the City of Hallandale Beach Building Dept. and all fees paid and receipt acknowledged in the space provided on the permit.

BY: \_\_\_\_\_  
CHIEF BUILDING INSPECTOR DATE

**ALL PLANS MUST INCLUDE FOLIO NUMBER AND PROPERTY ADDRESS. AMENDED PLANS MUST ALSO INCLUDE THE PERMIT NUMBER**

SHADED AREAS FOR OFFICE USE ONLY

APPLICATION TYPE	PERMIT TYPE
<input checked="" type="checkbox"/> ROOF   ROOFING	<input type="checkbox"/> BDRC   ROOFING PERMIT, COMMERCIAL
<input type="checkbox"/> PENALTY FEE, UNPERMITTED WORK	<input type="checkbox"/> BDRR   ROOFING PERMIT, RESIDENTIAL

ESTIMATED CONSTRUCTION COST \$ \_\_\_\_\_

TYPE OF ROOF	STRUCTURE CODES
<input type="checkbox"/> SHINGLE	<input type="checkbox"/> Decking, Roof, Replace _____ No of Sq Ft
<input type="checkbox"/> BARREL TILE	<input type="checkbox"/> Drains, Roof, No. of _____
<input type="checkbox"/> CONCRETE TILE	<input type="checkbox"/> Fascia, Replace
<input type="checkbox"/> HOT MOP, # PLYS _____	<input type="checkbox"/> Rain Down Spouts, No. of _____
<input type="checkbox"/> TAR & GRAVEL	<input type="checkbox"/> Roof, Insulation, Install _____ No of Sq Ft
<input type="checkbox"/> OTHER (specify) _____	

Pitched Roof			Flat Roof		
	Required	Required			
<input type="checkbox"/> New	_____ Sq Ft	<input type="checkbox"/> Pitch	<input type="checkbox"/> New, No of Sq Ft	_____	
<input type="checkbox"/> Reroof	_____ Sq Ft	<input type="checkbox"/> Pitch	<input type="checkbox"/> Reroof, No of Sq Ft	_____	
<input type="checkbox"/> Repair	_____ Sq Ft	<input type="checkbox"/> Pitch	<input type="checkbox"/> Repair, No of Sq Ft	_____	

Shingle Type \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."